

**BILLBOARD FORM – CRA ENFORCEMENT**  
**(Facility/Establishment Submission)**

**This form is for those licensed under the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) that are submitting one of the following situations as stated in the Supporting Documents Checklist:**

**Supporting Documents Checklist****If submitting a proposed billboard, provide:**

- ☐
- All potential drafts

**If submitting a proposed billboard that contains product, provide:**

- ☐
- A copy of all potential drafts with advertised product
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- ☐
- Documentation/reliable evidence for review regarding readership/viewership and the appropriate market (18+ or 21+)
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- (Geopath and the US Census Bureau are great resources for acquiring the reliable evidence)

**\*If documentation does not exist, provide a detailed explanation stating why the documentation is not available.**

**BILLBOARD FORM – CRA ENFORCEMENT****General Information**

Licensee Legal Name:

Licensee Number (e.g., AU-R-000000):

Billboard applies to:

- ☐
- Medical (MMFL) Only
- 
- ☐
- Adult-Use (AU) Only
- 
- ☐
- Both MMFL and AU

Date of billboard release:

Email contact (this is where your response will be sent)

**Item(s) Being Submitted**

- ☐
- Proposed billboard
- 
- ☐
- Proposed billboard with advertised product – include reliable evidence for the location of the billboard

**Provide a Detailed Description/Location of the Billboard Being Submitted****Signature & Declaration**

I attest the information I provided on this reporting form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA, MRTMA, and associated rules, up to and including license revocation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Affiliation to Licensee: \_\_\_\_\_